Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, IN 46204



Michael R. Pence Governor of Indiana Deborah J. Frye PLA Executive Director

## **Expired Pharmacy Technician Renewal**

Your pharmacy technician license has expired. You may renew your license by completing this document in its entirety and submitting it with the renewal fee of \$75.00. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any question below send a signed detailed statement regarding the response with your renewal form. Any arrests require all police records and court documents as well as documentation of completion of anything the court ordered.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address								
	Licensee Name	License Nur	nber	Expiration Date	Rer	newal F	ee	
Str	Street Address							
City		State		Zip Code				
Phone Number		Email Address						
		QUESTIONS						
1.		, has any health profession license, certificate, registration, or permit you hold YES NO						
	or have held been disciplined or are formal ch	d been disciplined or are formal charges pending in any state?						
2.	nce you last renewed, have you been denied a license, certificate, or permit in any state?				YES	NO		
3.	Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or							
	convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor,					NO		
						YES	NO	
	or felony in any state?			•				
4.	4. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance				VEC	NO		
	abuse or addiction?					YES	NO	
	LIC	CENSEE AFFIRMA	TION					
I hereby swear or affirm under the penalties of perjury that I understand the Board of Pharmacy statutes and rules and								
have answered the questions true to the best of my knowledge.								
Signature of Licensee Dat			Date (mor	Date (month, day, year)				
			1					

Visit us on the web at <a href="www.pla.in.gov">www.pla.in.gov</a>. If you have any questions for the Indiana Board of Pharmacy please email <a href="mailto:pla4@pla.in.gov">pla4@pla.in.gov</a> or call 317-234-2067.

FOR OFFICE USE ONLY						
Renewal Fee	Receipt No.	Date				